

# Health Disparities Task Force

***Recommendations to the Governor***

*June, 2007*

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June , 2007

Governor Ruth Ann Minner  
Tatnall Building  
Dover, Delaware 19901

Dear Governor Minner:

As required by Executive Order 68, it is our pleasure to present the enclosed recommendations of the Health Disparities Task Force. The recommendations represent a significant commitment from a diverse group of members, and we look forward to working with you to implement these recommendations in the coming months and years.

Since it first convened in November, 2005, the Task Force has held regular meetings, developing these recommendations based upon existing data, consumer input, and consultation from national experts.

We provide these recommendations so that the Division of Public Health can collaborate with its community partners to develop a comprehensive multidisciplinary Health Disparity reduction plan for the State of Delaware.

Sincerely.

John C. Carney  
Co-chair

Lisa Blunt-Bradley  
Co-chair

## An Overview of Health Disparities in Delaware

In November 2004 Lieutenant Governor John C. Carney and The Metropolitan Wilmington Urban League co-sponsored a statewide Minority Health Disparity Conference to build awareness of health disparities between Caucasians and racial and ethnic minorities in Delaware, and to promote best practices for addressing those disparities.

Approximately 300 individuals from government, academic institutions, the health care provider community and community- and faith-based organizations attended the Minority Health Disparity Conference, which took place on November 12, 2004, at Delaware State University.

The keynote speaker, former U.S. Surgeon General M. Jocelyn Elders, M.D., addressed nationwide disparities and the need for education and culturally competent health care providers. Other speakers presented data on health disparities in Delaware and discussed the importance of insurance coverage and access to care.

Health disparities among Americans of different racial and ethnic groups are large, pervasive and enduring. According to *Health Disparities in Delaware 2004*, a report prepared by researchers at the University of Delaware for the state Division of Public Health in advance of the conference, in Delaware, between 1998–2002, African Americans were:

- More than twice as likely as whites to die from diabetes.
- Almost three times more likely to be hospitalized for asthma.
- Almost four times more likely to be a victim of homicide.
- More than 15 times more likely to die of HIV/AIDS.

The report asserts that improved health promotion, as well as better access to and availability of health care, are keys to reducing the disparity in health outcomes between whites and racial and ethnic minorities.

On May 24, 2005, Governor Ruth Ann Minner issued an executive order establishing a Health Disparities Task Force in response to a recommendation from the 2004 Stronger Together Conference. The Task Force was charged with developing the following recommendations to be used in creating a comprehensive plan for eliminating Health Disparities in Delaware. Lisa Blunt-Bradley, chief executive officer of the Metropolitan Wilmington Urban League, co-chaired the task force with Lt. Governor John C. Carney Jr.

## Task Force Process

The Task Force established five committees representing categories under which contributing factors to the existence of health disparities could be identified and addressed. The committees were charged with developing broad recommendations for further examination and analysis. Where able, committees provided specific activities which could be implemented in the short term.

In addition to the work of the committees, the task force relied on input from existing research on disparities, for example, through the Disparities Committee of the Delaware Cancer Consortium. In addition, the task force engaged the services of Dr. Joseph R. Betancourt, a nationally renowned expert on Health Disparities. Dr. Betancourt led the Institute of Medicine (IOM) study on health disparities, and authored its final report, which is widely held as the best resource to date stating the existence of health disparities, the impact on individuals and communities, and providing a platform upon which states can develop their own paths forward.

Finally, the Task Force held three focus groups to quantify and better understand the existence of health disparities in Delaware. Two consumer focus groups and one provider focus group were performed. Input from each of the focus groups helped task force and subcommittee members understand the attitudes and issues that exist among individuals and the provider community as they developed their recommendations.

The five committees of the task force, their chairs, membership and charges are as follows:

### Social Context

**Co-Chairs: Dr. Timothy Barnekov and Dr. Lisa Barkley**

Committee Members: Representative Joseph Miro, Beverly Harrington, Ms. Karen Long, Ms. Bonnie Macleod, Sandi Shelnett

The Social Context committee was given the broad charge of identifying key social issues as contributing factors to the existence of health disparities. Using national literature, experiences from other states, and Delaware-specific information, the committee developed its recommendations around such issues as: Social Stress and Support Systems, Life Control, Literacy and Language, Environment, Behavior, Economic Factors, Racial and Cross-Cultural differences.

### Workforce

**Co-Chairs: Dr. Janice Tildon-Burton and Debra Singletary**

Committee Members: Ms. Anita Muir, Ms. Sarah McCloskey, Esther Bradley, Alisha Raifford-Hall

The Workforce committee was charged with identifying current workforce issues related to healthcare providers and diversity. The committee looked at issues that could be addressed to improve the diversity of the healthcare provider workforce. In addition, the committee sought to provide recommendations that would help all providers to have an understanding of importance of delivering culturally appropriate care to patients of diverse ethnic backgrounds.

## Access to Quality Care

### **Chair: Representative Terry Schooley**

Committee Members: Dr. Cedric Barnes, Sherri Johnson, Gail Stevens

The Access to Quality Care Committee was charged with scanning issues that might create barriers for individuals in accessing healthcare services. These issues range from whether or not individuals are covered by any health insurance program, to transportation, and provider accessibility issues.

## Systems of Care

### **Co-Chairs: Lolita Lopez and Dr. Anthony Policastro**

Committee Members: Renee Beamon, Renata Henry, Arlana Gant, Susan Gsell, Katherine Kolb

The Systems of Care Committee was charged with examining the provider system to determine opportunities for improving the provision of care to ethnic and racial minorities. The committee identified general and treatment-specific improvements that could be implemented through enhanced data collection, chronic care management, and other systemic improvements.

## Education

### **Chair: Dr. Jaime (Gus) Rivera**

Committee Members: Dr. Darren Anderson, Helene Gladney, Dr. S. Monet Sifford-Wilson, Lois Quinlan, Spiros Mantzavinos, Michelle Eichinger, Gloria Price, Deb Brown, Judy Herman

The Education Committee was charged with identifying opportunities to educate both providers and consumers on the existence of health disparities and an understanding of cultural competency. In addition, the committee was charged with developing specific tools for each group to help in the elimination of practices that can lead to disparity in care.

## Recommendations

## **SOCIAL CONTEXT**

**Identify positive traits and negative behaviors that affect health outcomes. Develop action steps to address these causes and to modify these behaviors to improve health outcomes.**

- Conduct a statewide assessment of communities' needs and interests – one neighborhood per county per year.
- Match best practice models/programs based on assessed community interest and needs which may include nutrition, diabetes, hypertension programs that reduce health risk outcome.

**Improve the role of education and literacy in addressing health disparities.**

- Develop programming that requires health literacy education and navigating the health care system in high schools- target 12th grade.
- Identify and address the impacts of safety issues and trauma on community and individual health.
- Create a Center for Minority Health Improvement to serve as a liaison and clearinghouse for education and outreach activities to the community, providers and professional organizations.

**Address the role of ethnic and racial dynamics in health disparities. Determine the relationship of the economic well-being of communities as it relates to the development of health disparities in Delaware and develop action plans to diminish the negative impact.**

- GIS mapping to determine distribution of resources, locations of businesses, availability of capital investment to better target interventions.
- Encourage Human Relations Commission to be proactive in gathering data on and addressing race relations.
- Develop additional BRFSS questions regarding race and perceived health.

**Examine how media and marketing efforts contribute to health disparities and develop action steps to diminish the negative impact.**

- Develop policies to limit billboards and other physical advertisements that promote negative health behaviors in high risk census tracts.

**Develop and support physical activity and nutrition promoting programs in key high-risk areas.**

- Provide incentives for fresh food markets, grocery stores and community gardens in 6 pilot areas throughout the state in census tracts with highest risk factors.
- Identify funding sources to use GIS and WIC data for identifying locations of grocery stores, and level of breast feeding to target interventions.
- Investigate increasing the amount of green spaces, well equipped recreational facilities and the walkability in communities that have been identified as high-risk.
- Investigate using the Safe Routes to Schools funding through DOE to help ensure that children in high risk areas have the opportunity and ability to increase their level of physical activity.
- Collaborate with existing initiatives to address physical activity in schools.
- Identify education and outreach opportunities to deliver messages about the impact of behavior on health, and outcomes to promote the benefits of health and wellness.

**Address the impact of environmental toxins on health in high-risk areas**

- Identify existing environmental activities within communities at high risk for the associated health indicators such as asthma, Chronic Obstructive Pulmonary Disease, and cancer. Coordinate with efforts to engage and educate residents.

## EDUCATION

### **Develop and promote programs that raise public awareness about health disparities.**

- Identify best practices in raising awareness about health disparities. Determine models and frameworks used nationally that address health disparities and could be applied in Delaware, including conditions for professional licensure.
- Identify an infrastructure to coordinate education and awareness efforts for communities.
- Create a toolkit and presentation format to be used in the toolkit for education on health disparities for a wide variety of populations.
- Provide information to legislative committees on cultural competence and health disparities.
- Using outcome measures design, data gathering, and data analysis, incorporate quality assurance plan to evaluate effectiveness of health disparities initiatives such as cultural competency education, awareness elements, and social marketing campaigns. Develop specific strategies targeting those sectors not yet receiving health disparities education.

### **Provide cultural competency training and education to key stakeholders.**

- Offer technical assistance to providers, DPH, support staff and community agencies to improve quality of care.
- Establish a standardized certificate program available to all health-related providers and staff. Program will include cultural competency and health literacy education.
- Assess current needs and available educational resources as it relates to cultural competency. Develop cultural competency curriculum to include health literacy skills.
- Identify and include key stakeholders in developing a culturally competent curriculum to address health disparities. Define benefits to stakeholders to gain buy-in and commitment.

**Implement an integrated marketing campaign to drive education and awareness efforts about health disparities**

- Create a health disparities marketing committee to oversee the development of the multi-cultural campaign strategy.
- Structure a marketing RFP that specifically addresses Delaware's needs relevant to health disparities and select best social/multi-cultural marketing firm to fit those needs.
- Evaluate effectiveness of marketing campaign. This should include ensuring appropriate audiences are reached, appropriate messages are presented, a cost-benefit analysis, impact of campaign, and that needs are being met.

**Establish a dedicated Delaware health disparities website that includes interactive curricula for all ages that are applicable to both the private and public sector**

- Research the best websites to determine what draws people and maintains their interest; find appropriate provider; develop and maintain website; include links to other sites with additional resources.
- Create an interactive cultural competency curriculum for all ages and for health care providers and support staff and offer CEUs to participants as appropriate.
- Purchase educational materials related to health disparities such as brochures, videos, CD's, etc and add to website/clearinghouse.
- Evaluate effectiveness of website and resources available on or from website.

## **Enhance Health Literacy for all Delawareans**

- Define Health Literacy and identify/define its correlation to Health Disparities.
- Develop appropriate education and outreach opportunities to help the community understand its importance in health and health outcomes.
- Evaluate current health literacy programs and efforts and develop a plan of action to address deficiencies. This could be accomplished through a statewide conference of key stakeholders.
- Assess how well National Health Education Standards of achieving health literacy are being incorporated in the health education curricula K through 12.
- Examine professional development for teachers and explore ways to help facilitate health literacy skill development across disciplines.
- Ensure all health-related educational materials for consumers are written at the sixth-grade level.

## **SYSTEMS OF CARE**

**Pass legislation requiring all health service providers to collect standardized patient demographic data on race and ethnicity, primary language and level of educational attainment**

- Draft and pass legislation.
- Disseminate information to practices and agencies.
- Assess the capacity of Delaware organizations to collect the required data.
- Provide technical assistance to assist organizations to create/modify demographic information systems.

**Recommend the Delaware Health Information Network (DHIN) support the collection of chronic disease health indicators (minimum data elements) as part of standard provider reporting**

- Identify which minimum data elements should be collected on clients including indicators for mental illness, diabetes, cardiovascular illness, stroke, asthma, cancer and other diseases as identified.
- Recommend that relevant agencies participate in DHIN implementation.

**Establish chronic care specialty teams (composed of nurse, social worker and patient advocate) for primary care practices that serve predominately minority populations, that are using the chronic care model and have a system to measure patient outcomes**

- Develop standards for Chronic Care Specialty (CCS) services targeting patients diagnosed with Diabetes or Hypertension and/or Depression or Anxiety to focus initial intervention.
- Create patient outcome measures that can be attributed to patient CCS services.
- Conduct pilot test of CCS system with 1 agency serving a high percentage of minority patients living with chronic illness.
- If the outcome measures of the CCS team are met or exceeded, extend the program to 2 additional sites, establishing 1 CCS in each county. Evaluate impacts on health disparities as they relate to clients dually diagnosed with chronic illness and mental illness.

### **Institute uniform treatment guidelines for chronic care management**

- Establish a working group to develop or identify medically sound treatment guidelines for heart disease, stroke, depression and asthma; using the diabetes uniform treatment guidelines as a model.
- Use guidelines as standard measure of performance for incentive programs such as Pay for Performance (P4P).
- Distribute guidelines to all practitioners in Delaware.
- Conduct an impact study among a sample of providers serving predominately minority patients to assess adherence to treatment guidelines.

### **Promote the creation of a Community Advisory Board (CAB) on health disparities to provide insight into developing programs to medically underserved and/or geographically isolated areas**

- Generate public awareness and interest in CAB participation among members of designated underserved or isolated communities. Inform the target community of the goal of the CAB: to provide input on new programs, media messages, priorities, and identify service gaps in health and social services.
- Recruit members for a minimum of one CAB per county.
- Identify what is important for the people who are directly involved.
- Identify venue and arrange logistics for meetings.
- Solidify CAB membership and establish rules of order.
- Provide small stipends to CAB members.
- Clearly disseminate information on the role and value of the CAB as a resource to other committees within the Disparities Task Force.
- The CAB should guide decisions on placement of health and social services resources and programs within communities. DHSS Divisions should consult with the CAB prior to initiating new programs, thus allowing services to be truly community-driven.

### **Develop a pay for performance model within the state-funded Medicaid system**

- Develop a pay for performance implementation plan (P4P) that includes estimated cost, selected indicators for measurement and expected level of provider/health system participation and provide data collection/reporting technical assistance to agencies.
- Identify nationally accepted best practices/guidelines to use as standards for P4P. These should include chronic and mental illness such as major depressive disorder, hypertension and diabetes.
- Conduct a baseline assessment of the selected indicators.
- Implement the first phase of the Pay for Performance model with Medicaid health service providers using rates of education, screening or disease outcomes as measures of compliance.
- Encourage private insurers to consider a similar approach in achieving quality outcomes in the delivery of health services.

## **ACCESS TO QUALITY CARE**

### **Increase access to care for low-income Delawareans through enrollment of uninsured children and families into Medicaid and other public programs**

- Evaluate the success of Medicaid outreach and enrollment programs (for example, CHAP and Covering Kids and Families) designed to enroll eligible children and families in Medicaid. Possible evaluation areas include: 1) application assistance; 2) targeting racial/ethnic minority children and families; 3) follow-up to confirm enrollment; 4) success of collaboration between agency and health service providers.
- Continue interface between CKF, the Medical Society of Delaware and the one hundred twenty-five organizations that include state agencies and non-profits that advocate for and engage in grass roots outreach to enroll children who are eligible for Medicaid and SCHIP services.
- Recommend that all hospitals provide services to CHAP clients on a sliding fee schedule.
- Consider options for providing primary/preventive care for uninsured individuals.

### **Expand S-CHIP eligibility to the parents of the children enrolled in the program.**

- Identify target expansion guidelines, secure funding for expansion.
- Submit waiver application to the Centers for Medicare & Medicaid Services(CMS)

**Increase public awareness of the services available through the Department of Health and Social Services, as well as other relevant state agencies**

- Conduct an assessment using national standards to identify areas for enhanced services or dissemination of information about services available through DHSS and the Division of Public Health.
- Coordinate public health programs and community-based interventions such as the Center for Minority Health Improvement and Community Advisory Boards to increase awareness of resources available through the Division of Public Health.

**Improve transportation services for low income clients**

- Explore enhancement of Medicaid transportation services.
- Support and participate in ongoing efforts to increase transportation access through the expansion and enhanced utilization of transportation services offered through faith-based groups, hospitals, community groups and others, particularly in Kent and Sussex counties. Assess private sector and local support for creating sustainable, nontraditional transportation service models utilizing community resources and volunteers, mirroring successful efforts throughout the country.
- Continue to explore ways to expand availability of healthcare-related transportation services to those outside of the Medicaid population; encourage participation by private insurers in these efforts.
- Involve the Delaware Transit Corporation on the Community Advisory Boards established through these recommendations.

## WORKFORCE

**Enhance the skills and knowledge of individuals and organizations within the Health and Social Service System to work effectively with diverse racial, ethnic, and social groups.**

- Coordinate education and outreach activities to ensure that initiatives (website, toolkits) are geared to the healthcare workforce, in addition to consumers.
- Encourage the Division of Public Health to partner with institutions of higher education to promote cultural competency and diversity. Assist in the development of Delaware State University's new Master of Public Health program with a focus on disparities; promote Wilmington College's BS in Nursing with a Hispanic Cultural Track and Certification Program.
- Request that DOE work with the Division of Public Health to explore the addition of cultural competency in the curricula of all health education programs offered in the state – for example, Delcastle Technical High School; and Red Clay School District Allied Health School set to open in Sept 2007.
- Request the Division of Public Health organize a statewide speaker's bureau -- inviting nationally recognized health care professionals to showcase their professions to targeted youth within the state to raise awareness about health careers.
- Require state employees involved in the delivery of healthcare services to undergo training to acquire the skills and knowledge base to effectively serve culturally diverse populations, beginning with a pilot program for Delaware Department of Health and Social Services.
- Create a grant program that allocates funds for health care providers and practices to assess their knowledge and understanding of the cultural differences among their patients and invest in measures toward improvement.
- Establish a "Diversity Award" recognizing health care providers with high standards of cultural competency to promote best practices and raise awareness.
- Create an award for schools that best implements health education curricula which can effectively be used to teach students from racial, ethnic and social backgrounds.

## **Diversify the Health Workforce in the State of Delaware.**

- Support a current initiative of the Health Care Commission and the Division of Professional Regulation to explore the routine collection of certain HIPAA-compliant data on race/ethnicity/language from health professionals through the licensure renewal process.
- Support and partner with community organizations striving to increase the diversity of health professional students through outreach to minority communities, with a particular focus on students at a young age.
- Support budgetary requests for additional funding in FY 2008 for the State Loan Repayment Program (through the Health Care Commission) to recruit a racially/ethnic diverse pool of providers to practice in underserved areas of the state.
- Support an initiative to increase diversity among proctors who supervise residents in the healthcare field.
- Support increased state funding to encourage DIDER (The Delaware Institute for Dental Education and Research) & DIMER (Delaware Institute for Medical Education and Research) to begin to establish relationships with Historically Black Colleges.
- Create a Division of Public Health/Office of Minority Health internship program focused on health disparities for graduate students studying public health or related subject areas.
- Work with the Division of Professional Regulation and the Medical Society of Delaware to investigate the completion of cultural competency training through continuing medical education credits (CME) as a condition for health professional licensure.

**Provide training and interpretation services to improve healthcare providers' ability to communicate with patients in linguistically and culturally appropriate ways.**

- Create a formalized medical interpreter training program and career track in cooperation with the Division of Professional Regulation and in accordance with National Standards of Practice for Interpreters in Health Care. Partner with and expand existing training programs offered by the Office of Minority Health and the Sussex Tech Adult Division's Medical Spanish for Healthcare.
- Provide training on-site (e.g. hospital or agency) to facilitate participation of clinicians.
- Provide medical Spanish-language training to 200-300 health care providers.
- Create a statewide volunteer language bank of trained/certified interpreters.
- Consider changes to require Medicaid/S-CHIP to reimburse health care providers for certified interpretation services. These services can be provided through a certified translator.

## **Health Disparities Task Force Members**

The Honorable Lt. Governor John C. Carney  
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